Name in Full — Certificate of Death

Albert Akers

Died at — Town: Marriottsville — County: Howard — MARYLAND

Date 1899 — Month: 7 — Day: 11 — Age: Y. Dead — M. Born — D. — Native of: Md — Occupation: —

Male — White — ~~Married~~ — ~~Widow~~ — ~~Divorced~~

~~Female~~ — ~~Colored~~ — ~~Single~~ — ~~Widower~~ — ~~Number of children living~~

~~Husband~~ / ~~Wife~~ of —

Father's Name: Harry M. Akers

Mother's Name: Melissa Hipsley

Cause of Death — Primary: died either before or

Immediate: during labor 118

~~How long sick~~

~~Accident, Suicide, Homicide~~

Reported by: Dr Benj Shipley

Address: Alpha Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 79706

The mother of this child
had been in hard labor
9 hours previous to my visit the
child very large (not 10 lbs) (motion of
child ceased day before, according to the
mothers statement) (vertex presentation)
(pulsation of fontenelle negative)
forceps delivery, woman suffered terrible
pain (delivered her [illegible] in 5 minutes)
the child had appearance of being dead some hours

Name in Full

Certificate of Death

James H. Bond

Died at Town: alpha County: Howard MARYLAND

Date 1899 Month: 7th Day: 16th Age Y. M. D.: 7 16 Native of: Md Occupation: ——

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ ~~Number of children~~ living

~~Husband~~ ~~of~~

~~Wife~~

Father's Name: Edward Bond

Mother's Name: Eliza Davis

Cause of Death: Primary: Scrofulous diathethis 72 — How long sick: Ever since it was born

Immediate: Diarrhoea & inanition — ~~Accident, Suicide, Homicide~~

Reported by: Benj. F. Shipley M. D.

Address: alpha Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65988

I did not see this child during the last 3 months of its life. The father came to me the day it died for medicine for Diarrhoea, But died in a few hours after he returned home, the child is one of twins, both suffering with marasmus & of scrofulous diathesis.

Name in Full — Certificate of Death

Catharine Christian

Died at Town: Woodbine, County: Howard, MARYLAND

Date 1899 Month: 7 Day: 6 | Age Y.: 65 M. D. | Native of: Howard | Occupation:

~~Male~~ Female | ~~White~~ Colored | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living: 4

~~Husband~~ Wife of Wm Christian

Father's Name: Unknown | Mother's Name: Unknown

Cause of Death — Primary: 57 | How long sick: 3 or 4 months

Immediate: Heart Disease | ~~Accident, Suicide, Homicide~~

Reported by: Dr. J. W. Tracy

Address: Lisbon

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Attended by Dr. Milton Wofield

of J. W. Lacy Lisbon

Seen by Coroner _____

of _____

Information contained in this certificate received from _____

of B. W. Bowman

undertaker

Name in Full — Certificate of Death

Pratt Ruff Courtney

Died at — Town: Savage — County: Howard — MARYLAND

Date 189 9 — Month: July — Day: 4th — Age: Y. 2 M. 2 D. 27 — Native of: Md — Occupation: ——

Male / ~~Female~~ — White / ~~Colored~~ — ~~Married~~ / Single — Widow / Widower — Divorced — Number of children living

Husband / Wife of

Father's Name: Rev-M. H. Courtney — Mother's Name: Rosalie Courtney

Cause of Death — Primary: Indigestion - Bottle fed / week — How long sick

Immediate: Cholera Infantum 12 — Accident, Suicide, Homicide

Reported by: E. M. Linthicum M. D

Address: Savage Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85968

Name in Full: Arthur Donelson

Certificate of Death

Died at — Town: Savage — County: Howard — MARYLAND

Date 189 9 — Month: 7 — Day: 3 — Age: Y. 77 - M. 11 - D. — Native of: Md — Occupation: Farmer

Male / ~~Female~~ — White / ~~Colored~~ — Married / ~~Single~~ — Widow / Widower — ~~Divorced~~ — Number of children living: one

Husband / Wife of: Amelia Donelson

Father's Name: — Mother's Name: 1556

Cause of Death — Primary: Nervous prostration — How long sick: 2 years

Immediate: Heart failure — ~~Accident, Suicide, Homicide~~

Reported by: F. W. Lintheicum M.D

Address: Savage Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full | Certificate of Death

Amanda Esworthy

Died at Town: Lisbon, County: Howard — MARYLAND

Date 1899 Month: July Day: 16 | Age Y. 1 M. - D. 23 | Native of Lisbon | Occupation child

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ Number of children living one

Husband of Wife — — — — —

Father's Name John Esworthy | Mother's Name Lizzie Esworthy

Cause of Death: Primary Cholera Infantum | How long sick 10 days

Immediate Convulsions 82 | ~~Accident, Suicide, Homicide~~

Reported by R. O. D. Warfield, M.D.

Address Lisbon, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Pearl Gordon

Certificate of Death

Died at Town Glenelg County Howard MARYLAND

Date 1899 Month July Day 13 | Age Y. M. D. 6 | Native of Howard Co | Occupation

~~Male~~ X White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ Number of children living

Husband of Wife 82

Father's Name Harry Gordon Mother's Name Kate Gordon

Cause of Death: Primary Cholera Infantum How long sick 36 hours

Immediate Exhaustion from Diarrhea Accident, ~~Suicide~~, ~~Homicide~~

Reported by S. A. Nichols M.D.

Address Dayton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65[illegible]

Name in Full Emma Selby Kuhn

Certificate of Death

Died at Town Poplar Springs County Howard MARYLAND

Date 1899 Month July Day 30 Age Y. M. D. 3 12 Native of Maryland Occupation

~~Male~~ White ~~Married~~ Widow Divorced

Female Colored Single Widower Number of children living

Husband of Wife

Father's Name Howard S. Kuhn Mother's Name Anna Mary Kuhn

Cause of Death Primary Cholera Infantum How long sick 36 hours

Immediate Meningitis 82 Accident, Suicide, Homicide

Reported by J E Bromwell M.D.

Address Mt. Airy, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708

Attended by Dr. J. E. Bromwell

of Ridgeville, Carroll Co., Md.

Seen by Coroner

of

Information contained in this certificate received from Howard Monahan Kuhn

of Poplar Springs, Md.

Name in Full | Certificate of Death

Augusta Laumann

Died at Town: Ellicott City | County: Howard | MARYLAND

Date 1899 | Month: July | Day: 9 | Age Y. M. D.: 9 8 | Native of: Md | Occupation:

~~Male~~ | White | ~~Married~~ | ~~Widow~~ | ~~Divorced~~

Female | ~~Colored~~ | Single | ~~Widower~~ | ~~Number of children living~~

Husband / Wife of

Father's Name: Philip A Laumann | Mother's Name: Minnie Dontell

Cause of Death: Primary | Immediate: Cholera Infantum 82 | How long sick | ~~Accident, Suicide, Homicide~~

Reported by: William E. Hodges M.D.

Address: Ellicott City Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Charles Andrew ~~Franklin~~ Matheus

Certificate of Death

Died at Town Ellicott City County Howard. MARYLAND

Date 189 9 Month July Day 7 | Age Y. M. D. 6 months | Native of Md | ~~Occupation~~

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ ~~Number of children living~~

~~Husband of~~

~~Wife~~

Father's Name Benjamin F. Matheus

Mother's Name Elizabeth Brown

Cause of Death: Primary Stomach Trouble. Immediate & Indegestion

How long sick 4 days

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by Stephen Hillinger

Address Undertaker Ellicott City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

J. M. B. Rogers
Ellicott City

Elizabeth Mathews
Ellicott City

Name in Full: Virgil Francis Mercien

Certificate of Death

Died at: Town: Elliott City — County: Howard — MARYLAND

Date 1899 — Month: July — Day: 30 — Age: T. M. D. 3 — Native of: Md — Occupation: —

Male — White — ~~Married~~ — ~~Widow~~ — ~~Divorced~~

~~Female~~ — ~~Colored~~ — ~~Single~~ — ~~Widower~~ — ~~Number of children living~~

Husband / Wife of

Father's Name: V. Grant Mercien — Mother's Name: Cora Mercien

Cause of Death — Primary: Indigestion — How long sick: 3 weeks

Immediate: Ileo-Colitis 82 — ~~Accident, Suicide, Homicide~~

Reported by: Jno M B Rogers M D

Address: Elliott City Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65965

Name in Full | Certificate of Death

Marie E. Miller

Died at — Town: [illegible] — County: Howard — MARYLAND

Date 189 9 — Month: July — Day: 2 | Age — Y.: 68 — M.: — D.: — | Native of: Md. | Occupation: Housekeeper

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 2

~~Husband~~ Wife of John Gittin Jesse Miller

Father's Name: John Gittin — Mother's Name: Mary Gittin

Cause of Death — Primary: Fatty degeneration of heart — How long sick: 4 months

Immediate: Sudden Collapse — ~~Accident, Suicide, Homicide~~

Reported by: 57 [illegible]

Address: M.D.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full | Certificate of Death

Joseph Lister Moody

Died at Town: Woodstock County: Howard MARYLAND

Date 1899 Month: 7 Day: 29 Age Y. M. D.: 9 14 Native of Occupation

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ Widower ~~Number of children living~~

~~Husband~~ ~~of~~

~~Wife~~

Father's Name: Wm Moody

Mother's Name: Anna, Belle, Overwaters

Cause of Death: Primary: intestinal catarrh & meningitis — How long sick: 3 weeks

Immediate: convulsions 72 — ~~Accident, Suicide, Homicide~~

Reported by: Benj Shipley M D

Address: Alpha Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full | Certificate of Death

Robert Morison

Died at Town: Ilchester County: Howard MARYLAND

Date 1899 Month: July Day: 27 | Age Y.: 8 M.: — D.: | Native of: Maryland | Occupation: Infant

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of Wife ———

Father's Name: Ernest N. Morison | Mother's Name: Priscilla White Morison

Cause of Death: Primary: Entero Colitis 83 | How long sick: 2 days

Immediate: Ptomain poisoning - Exhaustion | ~~Accident, Suicide, Homicide~~

Reported by: Wm R. Eareckson

Address: Elk Ridge, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full — Certificate of Death

Thomas Loudlin

Died at Town: Clarksville County: Howard — MARYLAND

Date 1899 Month: July Day: 21 | Age Y. 70. M. D. | Native of Ireland | Occupation Farmer.

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | Widow Widower | Divorced | Number of children living 6

Husband / Wife of Bridget Loudlin

Father's Name — Mother's Name

Cause of Death: Primary — Cancer. 25y — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Milton Easton

Address Ellicott City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 79706

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate received from _____

of _____

Name in Full

Certificate of Death

Mary Hood Bayley Nelson

Died at Town: Florence County: Howard MARYLAND

Date 189 9 | Month 7 Day 5 | Age Y. 22. M. - D. - | Native of Md. | Occupation .

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ | ~~Number of children living~~

~~Husband~~ Wife of Rev. Henry E. Nelson

Father's Name Joshua W. Bayley | Mother's Name Ella H. Bayley

Cause of Death: Primary . Blood poison. | How long sick 7 months

Immediate . — — — 14 | ~~Accident, Suicide, Homicide~~

Reported by Dr. Milton N. Warfield

Address Lisbon. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Attended by Drs. W. H. McCurdy of Delta, Pa.
of Milton N. Walfield, Lisbon, Md.
and J. C. Hummer, of Baltimore.
Seen by Coroner
of

Information contained in this certificate received from Mr. James Bayley
B. W. Bowman Undertaker

Name in Full

Certificate of Death

Wilton Henry Oden

Died at Town Savage County Howard MARYLAND

Date 189 9 Month July Day 3 | Age Y. M. D. 5 2 5 | Native of Md | Occupation —

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single Widow Widower ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name Stonnel Oden

Mother's Name Mary E. [illegible]

Cause of Death: Primary Cholera Infantum Bottle fed 82 | How long sick 3 days

Immediate Congestion of Brain | ~~Accident, Suicide, Homicide~~

Reported by T. W. [illegible] M.D

Address Savage Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Fannie Rosalie Patterson

Died at Town: Elk Ridge County: Howard MARYLAND

Date 1892 Month: July Day: 22 | Age Y. 2 M. 2 D. 26 | Native of Maryland | Occupation

~~Male~~ Female ~~White~~ Colored ~~Married~~ Single ~~Widow~~ Widower ~~Divorced~~ Number of children living

Husband / Wife of

Father's Name Geo. W. Patterson

Mother's Name Elizabeth Patterson

Cause of Death: Primary Entero Colitis — How long sick 2 weeks.

Immediate Exhaustion

82

~~Accident, Suicide, Homicide~~

Reported by Wm. R. Earecton

Address Elk Ridge

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, R50FR

Name In Full: Tresie Soboleski

Certificate of Death

Died at — Town: — County: Howard (?) — MARYLAND

Date 189 4 — Month: 6 — Day: 18 — Age: Y. — M. 7 — D. — Native of — Occupation

~~Male~~ Female — White ~~Colored~~ — Married Single — Widow Widower — Divorced Number of children living

Husband of Wife

Father's Name: John Soboleski — Mother's Name: 82

Cause of Death — Primary: Cholera Infantum — How long sick

Immediate — Accident, Suicide, Homicide

Reported by: C. R. Winterson

Address: Elkridge Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Nellie Talbott

Certificate of Death

Died at Town Ellicott City County Howard MARYLAND

Date 1899 Month July Day Age Y. M. D. 8 weeks Native of Md. ~~Occupation~~

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband of Wife~~

Father's Name Henry Talbott Mother's Name Minnie Holtman

Cause of Death: Primary 161 How long sick 2 weeks

Immediate ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by Stephen Hilbsinger

Address Undertaker Ellicott City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

W. E. Hodges
Ellicott City
Md.

Minnie Talbott
Ellicott City

Name in Full

Certificate of Death

Walter Howie Taylor

Died ~~at~~ near Town Ellicott City County Howard MARYLAND

Date 1899 Month July Day 8 Age Y. 40 M. - D. - Native of Canada Occupation Inmate of Dr. Forts Institution

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband or Wife

Father's Name

Mother's Name

Cause of Death: Primary 145a

~~How long sick~~

Immediate Lightning

Accident, ~~Suicide, Homicide~~

Reported by Samuel J Fort M.D.

Address Ellicott City Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 66968

Name in Full

Clarissie Warner

Certificate of Death

Died at Long Corner (Town) Howard (County) MARYLAND

Date 1899 Month 7 Day 19 | Age Y. 75 M. D. | Native of Md | Occupation

~~Male~~ Female ~~White~~ Colored Married ~~Widow~~ ~~Divorced~~ ~~Single~~ Widower Number of children living 9

~~Husband~~ Wife of David Warner

Father's Name Unknown Mother's Name Unknown

Cause of Death: Primary 57 How long sick 2 Years

Immediate Heart Disease Accident, Suicide, Homicide

Reported by Dr J E Bannwell OVER

Address Ridgeville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Attended by Dr. J. E. Brunwell
of Ridgeville Ind

Seen by Coroner

of

Information contained in this certificate re-
ceived from Hamilton Warner
B. W. Bowman undertaker

Name in Full

Patrick Welsh

Certificate of Death

Died at Town: Ellicott City County: Howard MARYLAND

Date 1899 Month: July Day: 4 | Age Y. 69 M. D. | Native of Ireland | Occupation Laborer.

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~

Husband / Wife of —

Father's Name — Mother's Name — 42

Cause of Death: Primary — Cerebral Hemorrhage — How long sick One week

Immediate — Paralysis —

Accident, Suicide, Homicide

Reported by B. J. Byrne

Address Ellicott City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968